

Annual Administrative Service Fee - \$15.00
(Effective from October 1st thru September 30)

CONTRACTOR REGISTRATION FORM
(ADMINISTRATIVE SERVICE FORM)

CITY OF WINTER GARDEN
BUILDING DEPARTMENT
300 WEST PLANT ST
WINTER GARDEN, FLORIDA 34787
(407) 656-4111 ext 2245
FAX (407) 656-0839

1. Name of Business_____

2. Name of License Qualifier_____

3. Mailing address_____ Zip_____

4. Business phone_____ Fax number _____

EMAIL address_____

5. Copy of Current Business Tax Receipt (aka: Occupational License) from the city or county of the business location.

6. Copy of State of Florida Contractor License.

7. Certificate of Insurance showing the certificate holder as “The City of Winter Garden” for **General Liability and Worker’s Comp. Insurance** or if you are Worker’s Comp. Exempt, you are responsible to supply us with a copy.

MAKE CHECK PAYABLE TO “CITY OF WINTER GARDEN”